

Missouri

UNIFORM APPLICATION  
FY 2019 BEHAVIORAL HEALTH REPORT  
SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020  
(generated on 11/26/2018 9:56:47 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

## I: State Information

### State Information

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#### III. Expenditure Period

##### State Expenditure Period

From 7/1/2017

To 6/30/2018

##### Block Grant Expenditure Period

From 10/1/2015

To 9/30/2017

#### IV. Date Submitted

Submission Date 11/26/2018 9:55:19 AM

Revision Date

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**Footnotes:**

## II: Annual Report

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1

**Priority Area:** Coordination of Primary Care and Behavioral Health Services

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs.

**Strategies to attain the goal:**

- 1) Continue to coordinate preventive and primary care for Health Home participants
- 2) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health treatment
- 3) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home programs.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of participants in Health Homes per fiscal year

**Baseline Measurement:** 35,755

**First-year target/outcome measurement:** at least 37,000

**Second-year target/outcome measurement:** at least 40,000

**New Second-year target/outcome measurement(if needed):** 33,000

**Data Source:**

The number of Health Home participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency MO Healthnet on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Health Home enrollment declined as a result, in part, of reaching a saturation point with eligible participants. Additionally, several Health Homes experienced difficulty maintaining adequate staffing levels for their enrollment which resulted in a need to pause enrollment until staffing levels were brought back up to an adequate level. Actual Health Home participants in FY 2018 is 31,616. Proposed change is to adjust the target.

**How first year target was achieved (optional):**

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**Indicator #:** 2**Indicator:** Number of participants in DM 3700 per fiscal year**Baseline Measurement:** 3,636**First-year target/outcome measurement:** at least 3,550**Second-year target/outcome measurement:** at least 3,550**New Second-year target/outcome measurement(if needed):****Data Source:**

Numbers of ADA DM and DM 3700 participants are tracked in the DMH information system. A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open ADA episode of care during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open CPS episode of care during the specified fiscal year.

**New Data Source(if needed):**

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**Description of Data:**

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**New Description of Data:(if needed)**

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**Data issues/caveats that affect outcome measures:**

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**New Data issues/caveats that affect outcome measures:**

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## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:**

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**How first year target was achieved (optional):**

The number of participants in DM 3700 in FY 2018 is 5,590.

**Indicator #:** 3**Indicator:** Number of participants in ADA Disease Management per fiscal year**Baseline Measurement:** 806**First-year target/outcome measurement:** at least 750**Second-year target/outcome measurement:** at least 750**New Second-year target/outcome measurement(if needed):****Data Source:**

Numbers of ADA DM and DM 3700 participants are tracked in the DMH information system. A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open ADA episode of care during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open CPS episode of care during the specified fiscal year.

**New Data Source(if needed):**

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**Description of Data:**

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**New Description of Data:(if needed)**

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of ADA DM participants in FY 2018 is 1,062.

**Priority #:** 2  
**Priority Area:** Crisis Intervention  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED

### Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals needing behavioral healthcare services to those services.

### Strategies to attain the goal:

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of referrals to the CMHLs per fiscal year  
**Baseline Measurement:** 8,189  
**First-year target/outcome measurement:** at least 8,000  
**Second-year target/outcome measurement:** at least 8,000  
**New Second-year target/outcome measurement(if needed):**

### Data Source:

Number of law enforcement officers trained in CIT, number of CMHL contacts, the number served in the ERE project are tracked and reported by the Coalition for Behavioral Healthcare.

### New Data Source(if needed):

### Description of Data:

### New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (*if not achieved, explain why*)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (*optional*):**

The number of referrals to CMHLs in FY 2018 is 10,250.

**Indicator #:** 2

**Indicator:** Number served in the ERE project per fiscal year

**Baseline Measurement:** 1,329

**First-year target/outcome measurement:** at least 1,200

**Second-year target/outcome measurement:** at least 1,200

**New Second-year target/outcome measurement(*if needed*):**

**Data Source:**

Number of law enforcement officers trained in CIT, number of CMHL contacts, the number served in the ERE project are tracked and reported by the Coalition for Behavioral Healthcare.

**New Data Source(*if needed*):**

**Description of Data:**

**New Description of Data(*if needed*):**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (*if not achieved, explain why*)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (*optional*):**

The number served in the ERE project in FY 2018 is 1,837.

**Indicator #:** 3

**Indicator:** Number of new law enforcement officers trained in CIT per fiscal year

**Baseline Measurement:** 800

**First-year target/outcome measurement:** at least 600

**Second-year target/outcome measurement:** at least 600

**New Second-year target/outcome measurement(*if needed*):**

**Data Source:**

Number of new law enforcement officers trained in CIT is tracked and reported by the CIT Coalition.

**New Data Source(*if needed*):**

**Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of new law enforcement officers trained in CIT in FY 2018 is 1,301.

**Indicator #:**

4

**Indicator:**

Number of ACI calls per fiscal year

**Baseline Measurement:**

83,985

**First-year target/outcome measurement:**

at least 82,000

**Second-year target/outcome measurement:**

at least 82,000

**New Second-year target/outcome measurement(if needed):** at least 65,000**Data Source:**

Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

ACI numbers have decreased in FY 2018 due to a change in the way our providers report crisis calls. As of 1/1/2018, our providers began categorizing calls as either Crisis or Informational calls. This change better reflects the actual utilization of the ACI hotlines for crises. Actual Crisis calls in FY 2018 is 73,468. Proposed change is to adjust the target to 65,000.

**How first year target was achieved (optional):****Priority #:**

3

**Priority Area:**

Substance Abuse Traffic Offenders' Program (SATOP)

**Priority Type:**

SAT



**Population(s):** Other (Criminal/Juvenile Justice)

**Goal of the priority area:**

Reduce DWI recidivism and initiate treatment services for those with substance use disorder

**Strategies to attain the goal:**

- 1) Continue program oversight to ensure adherence to standards of care
- 2) Increase use of evidence-based practices

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Implement an interactive journal for the Weekend Intervention Program (WIP)

**Baseline Measurement:** N/A

**First-year target/outcome measurement:** In progress

**Second-year target/outcome measurement:** Implemented

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Implementation of interactive journal in WIP program monitored by SATOP Director.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

All WIP providers were required to begin using the interactive journal as of 12/1/2017.

**Priority #:** 4

**Priority Area:** Department of Corrections Community Supervised Offenders

**Priority Type:** SAT, MHS

**Population(s):** SMI, Other (Criminal/Juvenile Justice)

**Goal of the priority area:**

Improve access to clinically appropriate services

**Strategies to attain the goal:**

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing substance use disorder treatment in order to facilitate rapid assessment and treatment initiation
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services
- 3) Continue the CMHT – Community Mental Health Treatment (mental illness) and MH4 (severe mental illness) programs

**Annual Performance Indicators to measure goal success****Indicator #:** 1**Indicator:** Current MOU's between DMH and DOC**Baseline Measurement:** yes**First-year target/outcome measurement:** yes**Second-year target/outcome measurement:** yes**New Second-year target/outcome measurement(if needed):****Data Source:**

MOU documentation is maintained by the DMH contracts unit.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

MOU between DMH and DOC is current.

**Indicator #:** 2**Indicator:** Implement revised high risk referral form for SUD treatment**Baseline Measurement:** N/A**First-year target/outcome measurement:** in process**Second-year target/outcome measurement:** implemented**New Second-year target/outcome measurement(if needed):****Data Source:**

Implementation of high risk referral form monitored by the DBH treatment unit.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 5

Priority Area: Tobacco Prevention / Cessation

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Strategies to attain the goal:

- 1) Support provider training in tobacco cessation with proven effectiveness
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan
- 3) Support tobacco cessation on Missouri's college campuses
- 4) Ensure the provision of tobacco enforcement and merchant education:
  - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
  - b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
  - c. Conduct a merchant education visit to every tobacco retailer in the state

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar noncompliance rate is less than 20 percent

Baseline Measurement: yes

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement(if needed):

Data Source:

Synar rate is determined from annual Synar survey. For FY 2018, this will be completed by October 1, 2018. For FY 2019, this will be completed by October 1, 2019.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

**How first year target was achieved (optional):**

Synar noncompliance rate for FY 2018 is 6.3 percent.

**Indicator #:** 2

**Indicator:** Number of tobacco retailers visited and provided with retailer educational materials per fiscal year

**Baseline Measurement:** 5,477

**First-year target/outcome measurement:** at least 5,200

**Second-year target/outcome measurement:** at least 5,200

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered into a database by DMH staff, and reported in the State's Annual Synar Report.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of tobacco retailers visited and provided with retailer education materials in FY 2018 is 5,272.

**Indicator #:** 3

**Indicator:** Number of Tobacco Treatment Specialists per fiscal year

**Baseline Measurement:** 29

**First-year target/outcome measurement:** at least 25

**Second-year target/outcome measurement:** at least 25

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of Tobacco Treatment Specialists is tracked by prevention staff.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data(if needed)**

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Tobacco Treatment Specialists in FY 2018 is 30.

Priority #: 6

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders

Strategies to attain the goal:

- 1) Continue the five Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
- 2) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to long-term DMH consumers
- 3) Promote use of IPS Supported Employment

## Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines) for persons with mental illness per fiscal year

Baseline Measurement: 10

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement(if needed):

Data Source:

Contracts are maintained by the DMH Contracts Unit.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

One of the consumer operated service programs was not meeting contracting expectations and the contract was terminated. Funding limitations did not allow for an immediate request for applications for a new contractor. With the additional Mental Health Block Grant dollars a replacement COSP will be competitively bid.

**How first year target was achieved (optional):****Indicator #:**

2

**Indicator:**

Number of IPS SE programs per fiscal year

**Baseline Measurement:**

13

**First-year target/outcome measurement:**

13

**Second-year target/outcome measurement:**

14

**New Second-year target/outcome measurement(if needed):****Data Source:**

The number of IPS Supported Employment programs is tracked by DMH staff.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of IPS SE programs in FY 2018 is 20.

**Indicator #:**

3

**Indicator:**

Number of families receiving family support per fiscal year

**Baseline Measurement:**

922

**First-year target/outcome measurement:**

at least 900

**Second-year target/outcome measurement:**

at least 900

**New Second-year target/outcome measurement(if needed):****Data Source:**

The number of Family Support trainings is tracked by the Children's Services Unit.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)**

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of families receiving Family Support in FY 2018 is 1,001

Indicator #:

4

Indicator:

Create Family Support Provider website to centralize information, resources, training opportunities, and networking activities.

Baseline Measurement:

N/A

First-year target/outcome measurement:

In progress

Second-year target/outcome measurement:

Completed

New Second-year target/outcome measurement(if needed):

Data Source:

Progress on website will be monitored by Children's Unit.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The creation of a Family Support Provider website is in progress.

Priority #:

7

Priority Area:

Medication Assisted Treatment (MAT) for Substance Use Disorders

Priority Type:

SAT

Population(s):

PWWDC, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system

**Strategies to attain the goal:**

- 1) Monitor utilization of MAT by provider and provide technical assistance as needed
- 2) Increase utilization of different MAT medications at a given treatment provider

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of consumers receiving MAT per fiscal year

**Baseline Measurement:** 5,106

**First-year target/outcome measurement:** at least 5,000

**Second-year target/outcome measurement:** at least 5,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine/Suboxone/Subsolv, Antabuse, Zubsolv, Bunavail, and acamprosate (and any future FDA-approved MAT medication) is determined from medication billings to the DMH information system and Medicaid Claims, excluding billings occurring while in detox.

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of consumers receiving medication assisted treatment in FY 2018 is 6,488.

**Priority #:** 8

**Priority Area:** Community Advocacy and Education

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco, and other drug availability in Missouri's communities

**Strategies to attain the goal:**

- 1) Build state and community capacity by fostering strong partnerships and identifying new opportunities for collaboration
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Study Survey and the Behavioral Health web tool
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use



## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of heroin and other opiate drug use trainings and education activities per fiscal year

**Baseline Measurement:** 101

**First-year target/outcome measurement:** at least 80

**Second-year target/outcome measurement:** at least 80

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of heroin education activities is tracked and reported by the Eastern Regional Support Center.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of heroin and other opiate drug use trainings and education activities in FY 2018 is 99.

**Indicator #:** 2

**Indicator:** Number of high-risk youth served in prevention programs per fiscal year

**Baseline Measurement:** 6,306

**First-year target/outcome measurement:** at least 6,000

**Second-year target/outcome measurement:** at least 6,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Numbers of high-risk youth served in prevention programs are tracked and reported by contracted providers.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of high-risk youth served in prevention programs in FY 2018 is 12,506.

Indicator #: 3

Indicator: Number of persons trained in MHFA per fiscal year

Baseline Measurement: 6,043

First-year target/outcome measurement: at least 5,500

Second-year target/outcome measurement: at least 5,500

New Second-year target/outcome measurement(if needed):

Data Source:

The number trained in MHFA is tracked DBH prevention staff.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of persons trained in MHFA in FY 2018 is 7,200.

Priority #: 9

Priority Area: School-Based Prevention Education

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence

Strategies to attain the goal:

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence
- 2) Improve academic and social-emotional learning to address risk factors
- 3) Employ interactive techniques that allow for active involvement in learning
- 4) Reinforce prevention skills over time with repeated interventions
- 5) Ensure programming is culturally competent and age appropriate

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number students participating in SPIRIT per fiscal year

**Baseline Measurement:** 8,031

**First-year target/outcome measurement:** at least 7,800

**Second-year target/outcome measurement:** at least 7,800

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SPIRIT participation is tracked and reported by the program evaluator MIMH.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of students participating in SPIRIT in FY 2018 is 9,354.

**Indicator #:** 2

**Indicator:** Annual report generated

**Baseline Measurement:** yes

**First-year target/outcome measurement:** yes

**Second-year target/outcome measurement:** yes

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

MIMH generates the annual report which is posted to the DMH public website.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual SPIRIT Report was generated.

Priority #: 10

Priority Area: Prescription Drug Overdose Deaths

Priority Type: SAP

Population(s):

Goal of the priority area:

Reduce overdose deaths

Strategies to attain the goal:

- 1) Increase number of first responders, medical professionals, and other eligible groups trained to carry and administer naloxone;
- 2) Increase public awareness of opioid risks and best practices for assisting during an overdose event

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals trained to carry and administer naloxone per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 400

Second-year target/outcome measurement: 700

New Second-year target/outcome measurement(if needed):

Data Source:

The number of individuals trained and the number of naloxone doses distributed will be tracked by MIMH.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2018 is 6,564.

**Indicator #:** 2

**Indicator:** Number of doses of naloxone distributed per fiscal year

**Baseline Measurement:** N/A

**First-year target/outcome measurement:** 4,000

**Second-year target/outcome measurement:** 6,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The number of individuals trained and the number of naloxone doses distributed will be tracked by MIMH.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of doses of naloxone distributed in FY 2018 is 17,880.

**Priority #:** 11

**Priority Area:** Evidence-based Mental Health Practices

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

**Strategies to attain the goal:**

- 1) Continue support for EBP programs.
- 2) Provide on-going monitoring of fidelity in EBP programs.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number served in ITCOD per fiscal year

**Baseline Measurement:** 2,109

**First-year target/outcome measurement:** at least 1,800

**Second-year target/outcome measurement:** at least 1,800

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Numbers served in ACT and ITCOD are captured in the DMH information system.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number served in ITCOD in FY 2018 is 3,201.

**Indicator #:** 2

**Indicator:** Number served in ACT per fiscal year

**Baseline Measurement:** 728

**First-year target/outcome measurement:** at least 650

**Second-year target/outcome measurement:** at least 650

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Numbers served in ACT and ITCOD are captured in the DMH information system.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of consumers served in ACT in FY 2018 is 1,123

**Priority Area:** Persons who inject drugs intravenously

**Priority Type:** SAT

**Population(s):**

**Goal of the priority area:**

Ensure the provision of services to IV drug users in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

**Strategies to attain the goal:**

- 1) Monitor contractual requirements pertaining to IV drug users
- 2) Continue collecting wait list and capacity management data from contracted providers
- 3) Generate reports for wait list data and interim services billings in support of monitoring efforts
- 4) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of IV drug users served in substance use disorder treatment per fiscal year (assuming the same level of funding)

**Baseline Measurement:** 10348

**First-year target/outcome measurement:** at least 9,800

**Second-year target/outcome measurement:** at least 9,800

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The number of IV drug users served is captured in the DMH information system. These are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH information system. The route of substance was IV injection or non-IV injection on the primary, secondary, or tertiary substances.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of IV drug users served in substance use disorder treatment in FY 2018 is 11,588.

**Indicator #:** 2

**Indicator:** Percent of SAPT Block Grant funded providers reporting wait list and capacity management data

**Baseline Measurement:** 100%

**First-year target/outcome measurement:** 100%

**Second-year target/outcome measurement:** 100%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Research staff monitor wait list and capacity management reporting and follow-up with providers if they do not meet submission deadlines.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Percent of Block Grant funded providers reporting wait list data in FY 2018 is 100%

**Priority #:** 13

**Priority Area:** Substance-Abusing Pregnant Women and Women with Dependent Children

**Priority Type:** SAT

**Population(s):** PWWDC

**Goal of the priority area:**

Continue to provide services to pregnant women and women with dependent children

**Strategies to attain the goal:**

- 1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment
- 2) Continue collecting wait list and capacity management data from contracted providers
- 3) Engage TANF referred individuals in substance use disorder treatment at a clinically appropriate level of care

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding)

**Baseline Measurement:** 6,267

**First-year target/outcome measurement:** at least 5,900

**Second-year target/outcome measurement:** at least 5,900

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted to and paid by DMH. Pregnancy status and number of dependent children are also captured.



**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of pregnant women and women with dependent children served in substance use disorder treatment in FY 2018 is 6,422

**Priority #:** 14

**Priority Area:** Mental Health Services for Transition-Aged Youth and Young Adults

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Promote collaboration, implementation of effective interventions and supports, and enhanced skills of individuals who work with transition age youth/young adults and their families with behavioral health needs who may also be at risk of First Episode Psychosis.

**Strategies to attain the goal:**

- 1) Develop an inter-departmental "State Team" that focuses on the needs of youth/young adults with behavioral health issues including being at risk of or experiencing First Episode Psychosis.
- 2) Provide education on the importance of advocacy, prevention, and evidence-based treatment.
- 3) Provide training on individualized care planning.
- 4) Expand Integrated Treatment for Co-Occurring Disorders (ITCOD) services to meet the unique needs of the transitional age population.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of education sessions per fiscal year

**Baseline Measurement:** N/A

**First-year target/outcome measurement:** 2

**Second-year target/outcome measurement:** 2

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The DBH Children's Team will track education sessions and trainings.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of education sessions in FY 2018 is 13.

Indicator #: 2

Indicator: Number of provider trainings per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

New Second-year target/outcome measurement(if needed):

Data Source:

The DBH Children's Team will track education sessions and trainings.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of provider trainings in FY 2018 is 6.

Indicator #: 3

Indicator: Number served in ITCOD-TAY program per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

New Second-year target/outcome measurement(if needed):

Data Source:

Number served in ITCOD-TAY will be captured in the DMH information system.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number consumers served in of ITCD-TAY during FY 2018 is 53.

**Priority #:** 15

**Priority Area:** Behavioral Healthcare Services for Children

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

**Strategies to attain the goal:**

Use the statewide Adolescent CSTAR Committee to advance policy, training, and service delivery for adolescent substance use disorders.  
2) Increase dissemination of research, best practices, and success stories.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of meetings of the Adolescent CSTAR Committee per fiscal year

**Baseline Measurement:** 4

**First-year target/outcome measurement:** at least 4

**Second-year target/outcome measurement:** at least 4

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The Division of Behavioral Health's Children's Team will track number of trainings and social media posts.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of meetings of the Adolescent CSTAR Committee in FY 2018 is 6.

Indicator #: 2

Indicator: Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement(if needed):

Data Source:

The Division of Behavioral Health's Children's Team will track number of trainings and social media posts.

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of articles, research, and stories specific to behavioral healthcare for children in FY 2018 is 25.

Footnotes:

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$22,518,268		\$67,028,282	\$12,946,701	\$37,636,954	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,725,774		\$1,898,912		\$4,193,415		
b. All Other	\$18,792,494		\$65,129,370	\$12,946,701	\$33,443,539		
2. Substance Abuse Primary Prevention	\$5,854,107			\$5,708,388	\$1,115,553		
3. Tuberculosis Services	\$21						
4. HIV Early Intervention Services**							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$1,153,653			\$899,141	\$1,123,847		
<b>11. Total</b>	<b>\$29,526,049</b>	<b>\$0</b>	<b>\$67,028,282</b>	<b>\$19,554,230</b>	<b>\$39,876,354</b>	<b>\$0</b>	<b>\$0</b>

\*Prevention other than primary prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual      ☐ Estimated

**Footnotes:**

Total state expenditures equal \$39,876,354 plus the state portion of the Medicaid Match \$20,568,997 for a total state expenditures of \$60,445,351.

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Category	FY 2016 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$19,418,588
2. Primary Prevention	\$5,996,009
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$1,133,878
<b>Total</b>	<b>\$26,548,475</b>

\*Prevention other than Primary Prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions

**Footnotes:**

Amount of primary prevention funds planned for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,875,082.

Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development (this amount should not include funds reported in Table 5a or Table 5b) \$1,120,927.

### III: Expenditure Reports

**Table 5a - Primary Prevention Expenditures Checklist**

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text" value="84,824"/>	\$ <input type="text" value="74,209"/>	\$ <input type="text" value="92,063"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="996,848"/>	\$ <input type="text" value="1,633,315"/>	\$ <input type="text" value="295,435"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Information Dissemination</b>	<b>Total</b>	<b>\$1,081,672</b>	<b>\$1,707,524</b>	<b>\$387,498</b>	<b>\$</b>	<b>\$</b>
Education	Selective	\$ <input type="text" value="1,029,108"/>	\$ <input type="text"/>	\$ <input type="text" value="24,283"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="713,775"/>	\$ <input type="text"/>	\$ <input type="text" value="598,545"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Education</b>	<b>Total</b>	<b>\$1,742,883</b>	<b>\$</b>	<b>\$622,828</b>	<b>\$</b>	<b>\$</b>
Alternatives	Selective	\$ <input type="text" value="291,534"/>	\$ <input type="text"/>	\$ <input type="text" value="6,433"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="10,695"/>	\$ <input type="text"/>	\$ <input type="text" value="28,682"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Alternatives</b>	<b>Total</b>	<b>\$302,229</b>	<b>\$</b>	<b>\$35,115</b>	<b>\$</b>	<b>\$</b>
Problem Identification and Referral	Selective	\$ <input type="text" value="159"/>	\$ <input type="text"/>	\$ <input type="text" value="1,084"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text" value="131"/>	\$ <input type="text"/>	\$ <input type="text" value="2,172"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$290</b>	<b>\$</b>	<b>\$3,256</b>	<b>\$</b>	<b>\$</b>
Community-Based Process	Selective	\$ <input type="text" value="266,513"/>	\$ <input type="text"/>	\$ <input type="text" value="320,975"/>	\$ <input type="text"/>	\$ <input type="text"/>



Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text" value="1,251,128"/>	\$ <input type="text"/>	\$ <input type="text" value="1,642,297"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Community-Based Process</b>	<b>Total</b>	<b>\$1,517,641</b>	<b>\$</b>	<b>\$1,963,272</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$ <input type="text" value="11,618"/>	\$ <input type="text"/>	\$ <input type="text" value="4,407"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text" value="16,386"/>	\$ <input type="text"/>	\$ <input type="text" value="54,804"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Environmental</b>	<b>Total</b>	<b>\$28,004</b>	<b>\$</b>	<b>\$59,211</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="222,777"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text" value="29,146"/>	\$ <input type="text"/>	\$ <input type="text" value="913,562"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$29,146</b>	<b>\$</b>	<b>\$1,136,339</b>	<b>\$</b>	<b>\$</b>
Other	Selective	\$ <input type="text" value="95,507"/>	\$ <input type="text"/>	\$ <input type="text" value="114,229"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text" value="77,710"/>	\$ <input type="text" value="1,016,989"/>	\$ <input type="text" value="189,983"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Other</b>	<b>Total</b>	<b>\$173,217</b>	<b>\$1,016,989</b>	<b>\$304,212</b>	<b>\$</b>	<b>\$</b>
<b>Grand Total</b>		<b>\$4,875,082</b>	<b>\$2,724,513</b>	<b>\$4,511,731</b>	<b>\$</b>	<b>\$</b>

**Footnotes:**

### III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,029,396	\$1,093,047	\$3,170,783		
Universal Indirect	\$1,066,424	\$1,557,257	\$554,698		
Selective	\$1,779,262	\$74,209	\$786,250		
Indicated					
Column Total	\$4,875,082	\$2,724,513	\$4,511,731	\$0	\$0

Footnotes:

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

**Footnotes:**

### III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$447,088.00				\$447,088.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)				\$5,700.00		\$5,700.00
4. Program Development		\$552,570.00		\$11,110.00		\$563,680.00
5. Research and Evaluation		\$121,269.00				\$121,269.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$1,120,927.00</b>	<b>\$0.00</b>	<b>\$16,810.00</b>	<b>\$0.00</b>	<b>\$1,137,737.00</b>


**Footnotes:**

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	2019c	MO102027	✔	Eastern	Advanced Treatment and Recovery	1580 Denmark Road	Union	MO	63084	\$747	\$747	\$0	\$0	\$0	
	279b	MO100246	✔	Southwest	Alternatives Inc	5337 South Campbell Suite F	Springfield	MO	65810-2494	\$670	\$670	\$0	\$0	\$0	
	315	MO100687	✔	Eastern	Assessment and Counseling Solutions	11648 Gravois Road Suite 245	Saint Louis	MO	63126	\$17,928	\$17,928	\$0	\$0	\$0	
	315e	MO101781	✔	Eastern	Assessment and Counseling Solutions	11648 Gravois Road Suite 245	Saint Louis	MO	63126	\$4,325	\$4,325	\$0	\$0	\$0	
	1674a	MO100626	✔	Eastern	Assisted Recovery Centers of America	6651 Chippewa Street Suite 224	Saint Louis	MO	63109	\$1,429,610	\$1,429,610	\$0	\$0	\$0	
	1641	X	✖	Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103	\$52,967	\$0	\$0	\$52,967	\$0	
	257	X	✖	Eastern	BJC Behavioral Health	1430 Olive Street	Saint Louis	MO	63103-1006	\$28,333	\$28,333	\$0	\$0	\$0	
	173	MO903788	✔	Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63103-1329	\$24	\$24	\$0	\$0	\$0	
	173b	MO101735	✔	Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63103	\$190,404	\$190,404	\$0	\$0	\$0	
	173a	MO101558	✔	Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63101	\$99,047	\$99,047	\$99,047	\$0	\$0	
	043q	MO100079	✔	Southwest	Burrell Behavioral Health	360 Rinehart Road	Branson	MO	65616	\$137	\$137	\$0	\$0	\$0	
	043o	MO101452	✖	Southwest	Burrell Behavioral Health	2530 South Campbell Street	Springfield	MO	65807	\$1,244	\$1,244	\$0	\$0	\$0	
	043a	MO902004	✔	Southwest	Burrell Behavioral Health	1300 Bradford Parkway	Springfield	MO	65804	\$190,706	\$28,333	\$0	\$162,373	\$0	
	043b	MO101030	✔	Southwest	Burrell Behavioral Health	155 Corporate Place	Branson	MO	65616	\$83,390	\$83,390	\$0	\$0	\$0	
	043d	MO101556	✔	Southwest	Burrell Behavioral Health	1949 East Cherry Street	Springfield	MO	65802	\$3,952	\$3,952	\$0	\$0	\$0	
	043g	MO101495	✔	Southwest	Burrell Behavioral Health	323 East Grand Street	Springfield	MO	65807	\$1,542	\$1,542	\$0	\$0	\$0	
	043i	MO101804	✔	Southwest	Burrell Behavioral Health	1931 East Cherry Street	Springfield	MO	65802	\$23,174	\$23,174	\$0	\$0	\$0	
	043n	MO750593	✔	Southwest	Burrell Behavioral Health	800 South Park Avenue	Springfield	MO	65802	\$253,910	\$253,910	\$0	\$0	\$0	
	043p	MO100208	✔	Southwest	Burrell Behavioral Health Care Center	1322 South Campbell Avenue	Springfield	MO	65807-7887	\$245,407	\$245,407	\$0	\$0	\$0	
	318a	MO101293	✔	Eastern	Center for Life Solutions	9144 Pershall Road	Hazelwood	MO	63042-2821	\$643,241	\$643,241	\$0	\$0	\$0	
	008	X	✖	Statewide	Central Office	1706 E. Elm Street	Jefferson City	MO	65101	\$125,663	\$1,100	\$0	\$124,563	\$0	

217c	MO101689	✓	Northwest	Central States Mental Hlth Consultants	1132 Luttrell Road Suite F	Blue Springs	MO	64015-4900	\$4,661	\$4,661	\$0	\$0	\$0	
048h	MO100249	✓	Southwest	Clark Community Mental Health Center	1701 North Central Avenue	Monett	MO	65708	\$9,563	\$9,563	\$0	\$0	\$0	
048a	MO101028	✓	Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723-2100	\$849	\$849	\$0	\$0	\$0	
048e	MO101631	✓	Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723	\$848	\$848	\$0	\$0	\$0	
074e	MO100011	✓	Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772-3222	\$4,979	\$4,979	\$0	\$0	\$0	
074c	MO100930	✓	Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772	\$58,071	\$58,071	\$0	\$0	\$0	
074a	MO103330	✓	Northwest	Comm Mental Health Consultants Inc	306 South Independence Street	Harrisonville	MO	64701	\$908	\$908	\$0	\$0	\$0	
1642	X	✗	Southwest	Community Partnership of the Ozarks	330 North Jefferson Avenue	Springfield	MO	65806	\$443,506	\$0	\$0	\$443,506	\$0	
249e	MO105459	✓	Eastern	Community Services of Missouri	10904 Highway 21	Hillsboro	MO	63050-5922	\$776	\$776	\$0	\$0	\$0	
249y	MO100736	✓	Eastern	Community Services of Missouri Inc	9019 Veterans Memorial Parkway	O Fallon	MO	63366	\$419	\$419	\$0	\$0	\$0	
249l	MO105418	✓	Eastern	Community Services of MO	11736 Manchester Road	Des Peres	MO	63131-4614	\$1,794	\$1,794	\$0	\$0	\$0	
249m	MO102035	✓	Eastern	Community Services of MO	1175 Cave Springs Estate Drive	Saint Peters	MO	63376	\$14,036	\$14,036	\$0	\$0	\$0	
249i	MO100737	✓	Eastern	Community Services of MO	3488 Jeffco Boulevard Suite 103	Arnold	MO	63010	\$3,294	\$3,294	\$0	\$0	\$0	
249k	MO101347	✓	Eastern	Community Services of MO	7231 North Lindbergh Boulevard	Hazelwood	MO	63042	\$4,713	\$4,713	\$0	\$0	\$0	
249c	MO105426	✓	Eastern	Community Services of MO	8980 Watson Road	Saint Louis	MO	63119-5116	\$12,783	\$12,783	\$0	\$0	\$0	
082e	MO101485	✓	Eastern	Community Treatment Inc	227 East Main Street	Festus	MO	63028	\$41,824	\$41,824	\$0	\$0	\$0	
082m	MO100083	✓	Eastern	Community Treatment Inc	227 Main Street	Festus	MO	63028-1952	\$124	\$124	\$0	\$0	\$0	
049a	MO106614	✓	Central	Compass Health	9415South Cherokee Drive Suite 2-B	Marshall	MO	65340-3646	\$14,426	\$14,426	\$0	\$0	\$0	
049e	MO101509	✓	Central	Compass Health Inc	1800 Community Drive	Clinton	MO	64735-8804	\$1,805	\$1,805	\$0	\$0	\$0	
049au	MO100776	✓	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203-4103	\$4,607	\$4,607	\$4,607	\$0	\$0	
049al	MO100179	✗	Central	Compass Health Inc	1091 Midway Drive	Linn Creek	MO	65052	\$115,044	\$115,044	\$0	\$0	\$0	
049ap	MO100187	✓	Central	Compass Health Inc	227 Metro Drive	Jefferson City	MO	65109-1134	\$39,346	\$39,346	\$10,740	\$0	\$0	
049t	MO100321	✓	Central	Compass Health Inc	P.O. Box 1560	Camdenton	MO	65020	\$1,399	\$1,399	\$0	\$0	\$0	
049av	MO100483	✓	Central	Compass Health Inc	2625 Fairway Drive Suite E	Fulton	MO	65251	\$12,027	\$12,027	\$0	\$0	\$0	
049k	MO103207	✓	Central	Compass Health Inc	1800 Community Drive	Clinton	MO	64735-8804	\$51,055	\$51,055	\$9,278	\$0	\$0	
049bc	MO100927	✓	Central	Compass Health Inc	106 East Main Street	Linn	MO	65051	\$92	\$92	\$0	\$0	\$0	
049l	MO105814	✓	Central	Compass Health Inc	1216 Deadra Drive	Lebanon	MO	65536	\$13,748	\$13,748	\$0	\$0	\$0	
049f	MO106267	✓	Central	Compass Health Inc	403 Dysart Street	Columbia	MO	65201	\$57,959	\$57,959	\$0	\$0	\$0	
049v	MO106283	✓	Central	Compass Health Inc	206 South Mill Street	Eldon	MO	65026-1864	\$5,002	\$5,002	\$0	\$0	\$0	

	049an	MO750056	✓	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203	\$27,737	\$27,737	\$405	\$0	\$0	
	049ak	MO902269	✓	Central	Compass Health Inc	201 North Garth Avenue	Columbia	MO	65203	\$174,997	\$174,997	\$174,997	\$0	\$0	
	049bp	MO100313	✗	Northwest	Compass Health Inc	616 Burkarth Road	Warrensburg	MO	64093	\$6,703	\$6,703	\$0	\$0	\$0	
	049r	MO103231	✓	Northwest	Compass Health Inc	300 Galaxie Avenue	Harrisonville	MO	64701	\$29,353	\$29,353	\$0	\$0	\$0	
	049p	MO103280	✓	Northwest	Compass Health Inc	703 North Devasher Road	Warrensburg	MO	64093	\$111,707	\$111,707	\$0	\$0	\$0	
	049x	MO100865	✓	Northwest	Compass Health Inc	819 South 13 Highway	Lexington	MO	64067	\$15,981	\$15,981	\$0	\$0	\$0	
	049z	MO100808	✓	Northwest	Compass Health Inc	1010 Remington Plaza	Raymore	MO	64083-8640	\$42,517	\$42,517	\$0	\$0	\$0	
	049o	MO103124	✓	Northwest	Compass Health Inc	1278 West U.S. Highway 40	Odessa	MO	64076	\$21,908	\$21,908	\$0	\$0	\$0	
	049q	MO901543	✓	Northwest	Compass Health Inc	520 Burkarth Road Suite C	Warrensburg	MO	64093	\$10,019	\$10,019	\$0	\$0	\$0	
	049bl	MO100271	✓	Southwest	Compass Health Inc	109 Wesmor Street	Clinton	MO	64735-1786	\$36,904	\$36,904	\$0	\$0	\$0	
	049bm	MO100280	✗	Southwest	Compass Health Inc	805 North Orange Street	Butler	MO	64730	\$21,789	\$21,789	\$0	\$0	\$0	
	049i	MO106242	✓	Southwest	Compass Health Inc	205 East Dakota Street	Butler	MO	64730	\$9,993	\$9,993	\$0	\$0	\$0	
	049ad	MO101499	✓	Southwest	Compass Health Inc	101 Hospital Drive	Osceola	MO	64776-6284	\$2,611	\$2,611	\$0	\$0	\$0	
	049c	MO103801	✓	Southwest	Compass Health Inc	320 North Mac Boulevard	Nevada	MO	64772	\$29,983	\$29,983	\$0	\$0	\$0	
	049w	MO103918	✓	Southwest	Compass Health Inc	107 West Broadway Street	El Dorado Springs	MO	64744	\$19,985	\$19,985	\$0	\$0	\$0	
	049	MO901527	✓	Southwest	Compass Health Inc	1800 Community Drive	Clinton	MO	64735	\$760,991	\$420,513	\$0	\$340,478	\$0	
	049g	MO106309	✓	Southwest	Compass Health Inc	P.O. Box 736	Warsaw	MO	65355	\$25,423	\$25,423	\$0	\$0	\$0	
	049b	MO106218	✓	Southeast	Compass Health Inc	1450 East 10th Street	Rolla	MO	65401	\$55,177	\$55,177	\$0	\$0	\$0	
	058a	MO100518	✓	Northwest	Comprehensive Mental Health Services	17844 East 23rd Street	Independence	MO	64057	\$378	\$378	\$378	\$0	\$0	
	058i	MO100184	✓	Northwest	Comprehensive Mental Health Services	P.O. Box 260	Independence	MO	64051	\$253,960	\$253,960	\$146,399	\$0	\$0	
	058h	MO105772	✓	Northwest	Comprehensive Mental Health Services	416 East College Street	Independence	MO	64050	\$45,948	\$45,948	\$45,948	\$0	\$0	
	058d	MO100710	✓	Northwest	Comprehensive Mental Health Services	4311 East 58th Street	Kansas City	MO	64130	\$47,029	\$47,029	\$0	\$0	\$0	
	082f	MO101493	✓	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028	\$23,371	\$23,371	\$0	\$0	\$0	
	082g	MO101487	✓	Eastern	COMTREA Inc	9501 Gold Finch Lane	Hillsboro	MO	63050	\$18,231	\$18,231	\$0	\$0	\$0	
	082a	MO901592	✓	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028	\$121,055	\$121,055	\$0	\$0	\$0	
	082b	MO103009	✓	Eastern	COMTREA Inc	21 Municipal Drive	Arnold	MO	63010	\$87,085	\$87,085	\$0	\$0	\$0	
	1894	MO101031	✓	Southwest	Correction Services	2200 East Sunshine Street Suite 330	Springfield	MO	65801	\$369	\$369	\$0	\$0	\$0	
	1206a	X	✗	Eastern	Curators of the University of Missouri - Saint Louis	341 Woods Hall, One University Blvd	Saint Louis	MO	63121-4400	\$16,702	\$0	\$0	\$16,702	\$0	
	422	MO000081	✓	Southwest	Door to Hope	P.O. Box 1049	Nixa	MO	65714	\$4,864	\$4,864	\$0	\$0	\$0	
	210c	MO106077	✓	Eastern	Eastern MO Alt Sentencing Services Inc	2724 Droste Road	Saint Charles	MO	63301	\$2,944	\$2,944	\$0	\$0	\$0	
	210d	MO103884	✓	Eastern	Eastern MO Alt Sentencing Services Inc	415 East Cherry Street	Troy	MO	63379	\$1,666	\$1,666	\$0	\$0	\$0	



210b	MO103462	✓	Eastern	Eastern MO Alt Sentencing Services Inc	71 Florissant Oak Shopping Center	Florissant	MO	63031	\$2,076	\$2,076	\$0	\$0	\$0	
210k	MO101513	✓	Eastern	Eastern MO Alt Sentencing Services Inc	201 O Fallon Plaza	O Fallon	MO	63366	\$1,194	\$1,194	\$0	\$0	\$0	
210a	MO101623	✓	Eastern	Eastern MO Alt Sentencing Services Inc	8 Westbury Drive	Saint Charles	MO	63301-2537	\$3,052	\$3,052	\$0	\$0	\$0	
275b	MO100711	✓	Central	Escape Alcohol and Drug LLC	219 North 9th Street	Columbia	MO	65201	\$3,915	\$3,915	\$0	\$0	\$0	
056af	MO100868	✓	Southeast	Family Counseling Center	626 Independence Street	Cape Girardeau	MO	63703	\$26,716	\$26,716	\$26,716	\$0	\$0	
056p	MO101548	✓	Southeast	Family Counseling Center	624 North Walnut Street	Steele	MO	63877	\$17,146	\$17,146	\$0	\$0	\$0	
056o	MO101501	✓	Southeast	Family Counseling Center	925 Highway VV	Kennett	MO	63857	\$12,278	\$12,278	\$0	\$0	\$0	
056b	MO301793	✗	Southeast	Family Counseling Center	P.O. Box 441	Hayti	MO	63851	\$152,199	\$152,199	\$0	\$0	\$0	
056ae	MO100274	✓	Southeast	Family Counseling Center	1075 Jones Street	Kennett	MO	63857-3866	\$307	\$307	\$0	\$0	\$0	
056n	MO750502	✓	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775	\$250,732	\$250,732	\$0	\$0	\$0	
056g	MO903598	✓	Southeast	Family Counseling Center Inc	925 Highway V V P.O. Box 71	Kennett	MO	63857	\$260,044	\$50,883	\$50,828	\$209,161	\$0	
056ah	MO100093	✓	Southeast	Family Counseling Center Inc	3403 Division Drive	West Plains	MO	65775-5789	\$15,656	\$15,656	\$0	\$0	\$0	
056x	MO101799	✓	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775	\$245	\$245	\$0	\$0	\$0	
056ag	MO100238	✗	Southeast	Family Counseling Center Inc	1201 Jones Street	Kennett	MO	63857-0470	\$8,367	\$8,367	\$0	\$0	\$0	
056ad	MO100239	✗	Southeast	Family Counseling Center Inc	1205 Jones Street	Kennett	MO	63857	\$7,849	\$7,849	\$0	\$0	\$0	
056m	MO105848	✓	Southeast	Family Counseling Center Inc	925 HWY V V	Kennett	MO	63857-0071	\$1,160	\$1,160	\$0	\$0	\$0	
056ac	MO101227	✓	Southeast	Family Counseling Center Inc	P.O. Box 470	Kennett	MO	63857	\$49,236	\$49,236	\$0	\$0	\$0	
056c	MO101391	✓	Southeast	Family Counseling Center Inc	915 Highway 84	Caruthersville	MO	63830-1920	\$2,653	\$2,653	\$0	\$0	\$0	
056a	MO101128	✗	Southeast	Family Counseling Center Inc	20 South Sprigg Street Suite 2	Cape Girardeau	MO	63703	\$275,862	\$275,862	\$275,779	\$0	\$0	
056f	MO000041	✗	Southeast	Family Counseling Center Inc	3411 Division Drive	West Plains	MO	65775	\$87,902	\$87,902	\$0	\$0	\$0	
056ab	MO100202	✓	Southeast	Family Counseling Center Inc	925 Highway VV	Kennett	MO	63857-0071	\$36	\$36	\$0	\$0	\$0	
056t	MO105830	✓	Eastern	Family Counseling Center Inc	925 Highway VV	Kennett	MO	63857-0071	\$132	\$132	\$0	\$0	\$0	
056y	MO101564	✓	Southeast	Family Counseling Center Inc	875 Highway Vv	Kennett	MO	63857	\$17,152	\$17,152	\$0	\$0	\$0	
056aa	MO102288	✓	Southeast	Family Counseling Center Inc	1401 Laura Drive	Kennett	MO	63857-1342	\$9,642	\$9,642	\$0	\$0	\$0	
056h	MO105640	✓	Southeast	Family Counseling Center Inc	3001 Warrior Lane	Poplar Bluff	MO	63901	\$212	\$212	\$0	\$0	\$0	
045a	MO105244	✓	Northwest	Family Guidance Center	901 Felix Street	Saint Joseph	MO	64501	\$62,731	\$62,731	\$0	\$0	\$0	
045c	MO902608	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$5,614	\$5,614	\$0	\$0	\$0	

	045d	MO902673	✓	Northwest	Family Guidance Center/Cameron	724 North 22nd Street	Saint Joseph	MO	64506-2604	\$13,007	\$13,007	\$0	\$0	\$0	
	156b	MO101029	✓	Southwest	Family Self Help Center Inc	P.O. Box 1765	Joplin	MO	64804	\$214,309	\$214,309	\$214,290	\$0	\$0	
	156c	MO100287	✓	Southwest	Family Self Help Center Inc	118 West Spring Street	Neosho	MO	64850	\$23,234	\$23,234	\$21,113	\$0	\$0	
	171	X	✗	Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110	\$165,341	\$0	\$0	\$165,341	\$0	
	504	X	✗	Statewide	FOX SPORTS NET MIDWEST	5520 Collections Center Drive	Chicago	IL	60693	\$12,500	\$0	\$0	\$12,500	\$0	
	055ad	MO101587	✓	Southeast	Gibson Recovery Center	213 North Sprigg Street	Cape Girardeau	MO	63703-6240	\$130,058	\$130,058	\$0	\$0	\$0	
	055ai	MO101720	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63703-5703	\$34,566	\$34,566	\$0	\$0	\$0	
	055ah	MO100058	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63703-4300	\$15,844	\$15,844	\$0	\$0	\$0	
	055	MO101673	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63702	\$34,146	\$34,146	\$0	\$0	\$0	
	055b	MO103785	✓	Southeast	Gibson Recovery Center Inc	1418 West Saint Joseph Street Suite 60	Perryville	MO	63775	\$40,080	\$40,080	\$0	\$0	\$0	
	055c	MO104593	✓	Southeast	Gibson Recovery Center Inc	137 East Front Street	Sikeston	MO	63801	\$76,959	\$76,959	\$0	\$0	\$0	
	055a	MO903911	✓	Southeast	Gibson Recovery Center Inc	P.O. Box 1267	Cape Girardeau	MO	63702	\$491,272	\$491,272	\$0	\$0	\$0	
	154aa	MO101438	✓	Southwest	Heartland Center for Behavioral Change	840 South Glenstone Avenue	Springfield	MO	65802-3364	\$3,585	\$3,585	\$0	\$0	\$0	
	154q	MO101480	✓	Southwest	Heartland Center for Behavioral Change	840 South Glenstone Avenue	Springfield	MO	65802	\$64	\$64	\$0	\$0	\$0	
	154b	MO301785	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue	Kansas City	MO	64127	\$299,555	\$299,555	\$0	\$0	\$0	
	154a	MO100526	✓	Northwest	Heartland Center for Behavioral Change	1205 West College Street	Liberty	MO	64068	\$20,988	\$20,988	\$0	\$0	\$0	
	154ao	MO100044	✓	Northwest	Heartland Center for Behavioral Change	1212 McGee Street	Kansas City	MO	64106	\$7,134	\$7,134	\$0	\$0	\$0	
	154v	MO101478	✓	Northwest	Heartland Center for Behavioral Change	100 West 31st Street Suite 400	Kansas City	MO	64108-3302	\$21,798	\$21,798	\$0	\$0	\$0	
	154ap	MO100045	✓	Northwest	Heartland Center for Behavioral Change	103 North Main Street Suite 102	Independence	MO	64050	\$200,305	\$200,305	\$0	\$0	\$0	
	154k	MO100870	✓	Northwest	Heartland Center for Behavioral Change	1534 Campbell Street	Kansas City	MO	64108	\$579,441	\$579,441	\$0	\$0	\$0	
	1655	X	✗	Northwest	Kim Wilson Housing	730 Armstrong Ave	Kansas City	MO	66101-2702	\$5,555	\$5,555	\$0	\$0	\$0	
	401	X	✗	Statewide	Learfield Communications	505 Hobbs Rd	Jefferson City	MO	65109	\$723,655	\$0	\$0	\$723,655	\$0	
	208	MO101490	✓	Eastern	Liberty Program Inc	11861 Westline Industrial Drive Suite 850	Saint Louis	MO	63146-3300	\$2,252	\$2,252	\$0	\$0	\$0	
	1646	X	✗	Southeast	Lincoln University	Business & Finance 306 Young Hall PO Box 29	Jefferson City	MO	65109	\$139,350	\$0	\$0	\$139,350	\$0	
	250a	MO100729	✓	Northwest	Midwest ADP Center	710 Main Street Suite P	Blue Springs	MO	64015	\$8,391	\$8,391	\$0	\$0	\$0	
	250e	MO105988	✓	Northwest	Midwest ADP Center	615 West 39th Street	Kansas City	MO	64111	\$9,796	\$9,796	\$0	\$0	\$0	
	250c	MO103470	✓	Northwest	Midwest ADP Center	313 NW Municipal Circle	Raymore	MO	64083	\$14,137	\$14,137	\$0	\$0	\$0	

	250b	MO102068	✓	Northwest	Midwest ADP Inc	3923 South Lynn Court	Independence	MO	64055	\$19,034	\$19,034	\$0	\$0	\$0	
	250d	MO105251	✓	Northwest	Midwest ADP Inc	6060 North Oak Trafficway	Gladstone	MO	64118-5189	\$17,503	\$17,503	\$0	\$0	\$0	
	1662	MO101491	✓	Central Region	Missouri Alcohol Drug Assessment	1014 West Highway 28	Owensville	MO	65066	\$704	\$704	\$0	\$0	\$0	
	1647	X	✗	Statewide	Missouri Alliance of Boys & Girls Clubs	122 N Ocean Drive	Port Lavaca	TX	77979	\$376,841	\$0	\$0	\$376,841	\$0	
	1653	X	✗	Statewide	Missouri Association of Community Task Forces	428 E. Capitol	Jefferson City	MO	65101	\$519,180	\$0	\$0	\$519,180	\$0	
	152	X	✗	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144	\$719,359	\$0	\$0	\$719,359	\$0	
	262	MO102928	✓	Eastern	New Beginnings CSTAR Inc	1408 North Kingshighway Boulevard Suite 004	Saint Louis	MO	63113-1400	\$31,813	\$31,813	\$0	\$0	\$0	
	226	MO101187	✓	Northwest	Northland Dependency Services LLC	3917 Broadway	Kansas City	MO	64111	\$3,087	\$3,087	\$0	\$0	\$0	
	226a	MO101755	✓	Northwest	Northland Dependency Services LLC	26 South Gallatin Street	Liberty	MO	64068	\$3,525	\$3,525	\$0	\$0	\$0	
	052	MO100305	✓	Southwest	Ozark Center	P.O. Box 2526	Joplin	MO	64803	\$28,177	\$28,177	\$0	\$0	\$0	
	052b	MO100650	✓	Southwest	Ozark Center/New Directions	305 Virginia Street	Joplin	MO	64801	\$77,275	\$77,275	\$0	\$0	\$0	
	052l	MO100869	✓	Southwest	Ozark Center/New Directions	P.O. Box 2526	Joplin	MO	64803	\$271	\$271	\$0	\$0	\$0	
	052d	MO901501	✓	Southwest	Ozark Center/New Directions	3010 McClelland Boulevard	Joplin	MO	64804	\$129,972	\$129,972	\$0	\$0	\$0	
	052a	MO103389	✓	Southwest	Ozark Center/New Directions	214 North Washington Street	Neosho	MO	64850	\$17,044	\$17,044	\$0	\$0	\$0	
	053a	MO102159	✓	Central	Phoenix Programs Inc	90 East Leslie Lane	Columbia	MO	65202	\$742,836	\$742,836	\$0	\$0	\$0	
	153as	MO100082	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirksville	MO	63501-0767	\$121,158	\$121,158	\$74,562	\$0	\$0	
	153ba	MO101824	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirksville	MO	63501-0767	\$2,318	\$2,318	\$1,961	\$0	\$0	
	153bb	MO102803	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirksville	MO	63501-0767	\$25,457	\$25,457	\$5,008	\$0	\$0	
	153ar	MO100117	✓	Eastern	Preferred Family Healthcare	4066 Dunnica Avenue	Saint Louis	MO	63116-1116	\$454,578	\$454,578	\$0	\$0	\$0	
	153bk	MO100248	✓	Eastern	Preferred Family Healthcare	1559 Old South River Road	Saint Charles	MO	63303-4120	\$3	\$3	\$0	\$0	\$0	
	153aw	MO101136	✓	Eastern	Preferred Family Healthcare	1601 Old South River Road	Saint Charles	MO	63303	\$628,344	\$628,344	\$618,795	\$0	\$0	
	153az	MO101785	✗	Eastern	Preferred Family Healthcare Inc	1570 South Main Street	Saint Charles	MO	63303	\$50,750	\$50,750	\$0	\$0	\$0	
	153ax	MO101458	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501-0767	\$87,350	\$87,350	\$28,818	\$0	\$0	
	153ai	MO101449	✓	Eastern	Preferred Family Healthcare Inc	11701 West Florissant Avenue Suite 273	Florissant	MO	63033	\$187	\$187	\$0	\$0	\$0	
	153bh	MO100193	✓	Eastern	Preferred Family Healthcare Inc	4928 Delmar Boulevard	Saint Louis	MO	63108-1615	\$151,525	\$151,525	\$0	\$0	\$0	
	153av	MO100786	✗	Eastern	Preferred Family Healthcare Inc	118 North 2nd Street Suite 200	Saint Charles	MO	63301-2894	\$108,208	\$108,208	\$0	\$0	\$0	
	153q	MO100668	✓	Central	Preferred Family Healthcare Inc	210 Hoover Road	Jefferson City	MO	65109	\$155,591	\$155,591	\$0	\$0	\$0	
	153ay	MO101486	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501-0767	\$41,156	\$41,156	\$9,426	\$0	\$0	
	153am	MO101090	✓	Eastern	Preferred Family Healthcare Inc	411 East Locust Street	Union	MO	63084	\$9,811	\$9,811	\$0	\$0	\$0	

	153w	MO100503	✓	Eastern	Preferred Family Healthcare Inc	5025 Northrup Avenue	Saint Louis	MO	63110	\$34,995	\$34,995	\$0	\$0	\$0	
	153d	MO100567	✓	Eastern	Preferred Family Healthcare Inc	3800 South Broadway	Saint Louis	MO	63118	\$304,891	\$304,891	\$0	\$0	\$0	
	153bc	MO106069	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501-0767	\$47,591	\$47,591	\$7,474	\$0	\$0	
	153e	MO105715	✓	Eastern	Preferred Family Healthcare Inc	Brookville Office 900 East LaHarpe Street	Kirksville	MO	63501	\$64,640	\$64,640	\$0	\$0	\$0	
	153al	MO101648	✓	Eastern	Preferred Family Healthcare Inc	101 West College Street Suite 1	Troy	MO	63379	\$8,103	\$8,103	\$0	\$0	\$0	
	153an	MO101650	✓	Eastern	Preferred Family Healthcare Inc	1776 Crosswinds Drive	Wentzville	MO	63385	\$1,276	\$1,276	\$0	\$0	\$0	
	153l	MO101169	✓	Central	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501	\$181,814	\$181,814	\$0	\$0	\$0	
	153i	MO101797	✓	Central	Preferred Family Healthcare Inc	900 East LaHarpe Street	Kirksville	MO	63501	\$444,774	\$37,350	\$6,176	\$407,425	\$0	
	153f	MO105046	✓	Central	Preferred Family Healthcare Inc	1715 South Morley Street Suite A	Moberly	MO	65270	\$6,417	\$6,417	\$0	\$0	\$0	
	153b	MO105723	✓	Central	Preferred Family Healthcare Inc	101 Adams Street	Jefferson City	MO	65101	\$34,796	\$34,796	\$0	\$0	\$0	
	153g	MO105780	✓	Central	Preferred Family Healthcare Inc	4355 Paris Gravel Road	Hannibal	MO	63401	\$15,732	\$15,732	\$0	\$0	\$0	
	153af	MO106093	✓	Central	Preferred Family Healthcare Inc	137 West Cedar Street	Kahoka	MO	63445	\$6,452	\$6,452	\$0	\$0	\$0	
	153at	MO100283	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501-0767	\$8,610	\$8,610	\$0	\$0	\$0	
	153au	MO100765	✗	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirksville	MO	63501-0767	\$8,525	\$8,525	\$0	\$0	\$0	
	153o	MO000025	✓	Northwest	Preferred Family Healthcare Inc	7 Westowne Street	Liberty	MO	64068	\$180,701	\$180,701	\$0	\$0	\$0	
	153ab	MO101479	✓	Northwest	Preferred Family Healthcare Inc	109 North Main Street	Milan	MO	63556	\$3,879	\$3,879	\$0	\$0	\$0	
	153m	MO103892	✓	Northwest	Preferred Family Healthcare Inc	1 Center Drive Burris Community Center, Suite 3	Brookfield	MO	64628	\$21,255	\$21,255	\$0	\$0	\$0	
	153bl	MO105202	✓	Northwest	Preferred Family Healthcare Inc	1628 Oklahoma Avenue	Trenton	MO	64683	\$53,901	\$53,901	\$0	\$0	\$0	
	153j	MO105038	✓	Northwest	Preferred Family Healthcare Inc	1702 Buckingham Drive	Saint Joseph	MO	64506-3605	\$12,936	\$12,936	\$0	\$0	\$0	
	153ac	MO102019	✓	Northwest	Preferred Family Healthcare Inc	8333 East Blue Parkway	Kansas City	MO	64133	\$241,099	\$241,099	\$0	\$0	\$0	
	153ap	MO101560	✓	Southwest	Preferred Family Healthcare Inc	P.O. Box 1277	Springfield	MO	65804	\$43,217	\$43,217	\$0	\$0	\$0	
	153ah	MO100922	✓	Southwest	Preferred Family Healthcare Inc	5620 West Wildwood Ranch Parkway	Joplin	MO	64804-4520	\$122,146	\$122,146	\$0	\$0	\$0	
	153aq	MO903879	✓	Southwest	Preferred Family Healthcare Inc	P.O. Box 1277	Springfield	MO	65801	\$403,299	\$403,299	\$400,805	\$0	\$0	
	1648	X	✗	Southeast	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401	\$131,220	\$0	\$0	\$131,220	\$0	
	189b	MO102248	✗	Eastern	Queen of Peace Center	325 North Newstead	Saint Louis	MO	63108	\$612	\$612	\$612	\$0	\$0	
	189	MO100591	✓	Eastern	Queen of Peace Center at Cathedral	325 North Newstead Avenue	Saint Louis	MO	63108	\$74,587	\$74,587	\$74,587	\$0	\$0	
	057i	MO101786	✓	Northwest	ReDiscover	927 NE Columbus Street	Lees Summit	MO	64086-2977	\$18,068	\$18,068	\$9,082	\$0	\$0	
	057l	MO100192	✓	Northwest	ReDiscover	P.O. Box 10025	Kansas City	MO	64127	\$306,022	\$306,022	\$65,157	\$0	\$0	
	057m	MO100191	✓	Northwest	ReDiscover	3211 Woodland Avenue	Kansas City	MO	64109-2073	\$205,558	\$205,558	\$205,558	\$0	\$0	
	057n	MO100667	✓	Northwest	ReDiscover	1555 E Rice Road	Lees Summit	MO	64086	\$916,201	\$916,201	\$0	\$0	\$0	
	057o	MO100716	✓	Northwest	ReDiscover	1555-E NE Rice Road	Lees Summit	MO	64086-6034	\$452,455	\$452,455	\$0	\$0	\$0	

	057j	MO101436	✓	Northwest	ReDiscover	3720 Gillham Road	Kansas City	MO	64111	\$22,848	\$22,848	\$22,848	\$0	\$0	
	057k	MO102287	✓	Northwest	ReDiscover	901 NE Independence Avenue	Lees Summit	MO	64086	\$16,509	\$16,509	\$0	\$0	\$0	
	089a	MO750403	✓	Eastern	Salvation Army	2900 Washington Avenue	Saint Louis	MO	63103	\$328,667	\$328,667	\$0	\$0	\$0	
	089b	MO101033	✓	Eastern	Salvation Army/Harbor Light Center	1130 Hampton Avenue	Saint Louis	MO	63139-3147	\$53,265	\$53,265	\$0	\$0	\$0	
	1651	X	✗	Northwest	SAVE Inc	3000 Harrison St, PO Box 45301	Kansas City	MO	64171	\$5,555	\$5,555	\$0	\$0	\$0	
	158c	MO902319	✓	Southeast	SE Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640-0459	\$293,476	\$205,050	\$0	\$88,426	\$0	
	158m	MO903259	✓	Southeast	SE Missouri Behavioral Health Inc	P.O. Box 506	Park Hills	MO	63601-0506	\$204	\$204	\$0	\$0	\$0	
	158aa	MO100240	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640-0459	\$370,230	\$370,230	\$0	\$0	\$0	
	158ab	MO100236	✓	Southeast	Southeast Missouri Behavioral Health	200 North Washington Street	Salem	MO	65560-1349	\$27,730	\$27,730	\$0	\$0	\$0	
	158a	MO000022	✓	Southeast	Southeast Missouri Behavioral Health	101 South Main Street	Poplar Bluff	MO	63901	\$397,786	\$397,786	\$0	\$0	\$0	
	158d	MO105095	✓	Southeast	Southeast Missouri Behavioral Health	1526 West Business Highway 60	Dexter	MO	63841	\$20,492	\$20,492	\$0	\$0	\$0	
	158t	MO101518	✓	Southeast	Southeast Missouri Behavioral Health	1014 West Highway 28	Owensville	MO	65066	\$26,880	\$26,880	\$0	\$0	\$0	
	158o	MO101468	✓	Southeast	Southeast Missouri Behavioral Health	104 Washington Street Suite A	Doniphan	MO	63935	\$2,866	\$2,866	\$0	\$0	\$0	
	158p	MO101451	✗	Southeast	Southeast Missouri Behavioral Health	1430 Doubet Road	Farmington	MO	63640	\$22,932	\$22,932	\$0	\$0	\$0	
	158r	MO101471	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 506	Park Hills	MO	63601	\$16,445	\$16,445	\$0	\$0	\$0	
	158s	MO101470	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63901	\$1,223	\$1,223	\$0	\$0	\$0	
	158q	MO101469	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902	\$45,612	\$45,612	\$0	\$0	\$0	
	158j	MO103165	✓	Southeast	Southeast Missouri Behavioral Health	312 North Franklin Street	Cuba	MO	65453-1717	\$51,124	\$51,124	\$0	\$0	\$0	
	158k	MO103140	✓	Southeast	Southeast Missouri Behavioral Health	1051 Kingshighway Suite 5	Rolla	MO	65401	\$53,576	\$53,576	\$0	\$0	\$0	
	158h	MO000021	✓	Southeast	Southeast Missouri Behavioral Health	3150 Warrior Lane	Poplar Bluff	MO	63901	\$50,437	\$50,437	\$0	\$0	\$0	
	158e	MO102571	✓	Southeast	Southeast Missouri Behavioral Health	10071 Crescent Road	Potosi	MO	63664	\$51,671	\$51,671	\$0	\$0	\$0	
	158b	MO103157	✓	Southeast	Southeast Missouri Behavioral Health	1597 North Highway 63	Houston	MO	65483	\$20,826	\$20,826	\$0	\$0	\$0	
	158i	MO102289	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 506	Park Hills	MO	63601-0506	\$11,851	\$11,851	\$0	\$0	\$0	
					Southeast										

	158ac	MO100275	✓	Southeast	Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902-0107	\$14,539	\$14,539	\$0	\$0	\$0	
	158ad	MO903853	✓	Southeast	Southeast Missouri Behavioral Health	203 North Grand Street	Salem	MO	65560	\$350,337	\$350,337	\$0	\$0	\$0	
	1694	X	✗	Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701	\$103,076	\$0	\$0	\$103,076	\$0	
	502	X	✗	Eastern	ST LOUIS CARDINALS LLC	700 Clark Street	Saint Louis	MO	63102	\$12,500	\$0	\$0	\$12,500	\$0	
	087b	MO903127	✓	Northwest	Swope Health Services	3801 Blue Parkway	Kansas City	MO	64130-2807	\$508,845	\$508,845	\$0	\$0	\$0	
	087a	MO106598	✓	Northwest	Swope Health Services	3950 East 51st Street	Kansas City	MO	64130	\$382,277	\$382,277	\$0	\$0	\$0	
	185	MO105152	✓	Northwest	Tri County Mental Health Services	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119	\$98,730	\$0	\$0	\$98,730	\$0	
	061g	MO100718	✗	Central	Turning Point Recovery Center	504 Lewis Street	Canton	MO	63435	\$9,390	\$9,390	\$0	\$0	\$0	
	061d	MO106101	✗	Central	Turning Point Recovery Center	303 North Missouri Street Suite E	Macon	MO	63552	\$14,064	\$14,064	\$0	\$0	\$0	
	061	MO750098	✗	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401	\$411,981	\$411,981	\$196,700	\$0	\$0	
	061a	MO100016	✗	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401-6372	\$28,747	\$28,747	\$28,747	\$0	\$0	
	061i	MO101793	✗	Central	Turning Point Recovery Center	1420 Business 61 South	Bowling Green	MO	63334	\$12,783	\$12,783	\$0	\$0	\$0	
	061b	MO101011	✗	Central	Turning Point Recovery Center	201 East Monroe Street Suite 103	Mexico	MO	65265	\$37,682	\$37,682	\$0	\$0	\$0	
	061f	MO106671	✗	Central	Turning Point Recovery Center	100 East Rollins Street Suite A	Moberly	MO	65270	\$22,761	\$22,761	\$0	\$0	\$0	
	407	X	✗	Statewide	University of MO - Columbia	Sponsored Programs Admin 310	Columbia	MO	65211	\$22,730	\$0	\$0	\$22,730	\$0	
	408	X	✗	Eastern	University of MO - St. Louis	341 Woods Hall, One University Blvd	Saint Louis	MO	63120	\$5,000	\$0	\$0	\$5,000	\$0	
	269	MO105087	✓	Eastern	Westend Clinic Inc	5736 West Florissant Avenue	Saint Louis	MO	63120	\$582,308	\$582,308	\$0	\$0	\$0	
Total										\$24,293,670	\$19,418,588	\$2,836,840	\$4,875,082	\$0	

\* Indicates the imported record has an error.

Footnotes:

**Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment**

Expenditure Period Start Date: Expenditure Period End Date:

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

Yes                      No                      **X**

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes                      No

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations?

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

The SAPT Block Grant MOE is an average of the two prior year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.

### Footnotes:

### III: Expenditure Reports

**Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children**

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: Expenditure Period End Date:

**Base**

Period	Total Women's Base (A)
SFY 1994	7728020.00

**Maintenance**

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2016		10713048.00	
SFY 2017		12088562.00	
SFY 2018		\$ 9818102.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b) (1).

The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Customer Information Management, Outcomes and Reporting system captures services delivered to clients by service code. For the base year 1992, all payments for services to women at programs meeting the requirements of Section 1922(c) and Section 96.124(e) were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds).

**Footnotes:**



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>Children of substance abusers</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	<b>2. Education</b>	
	1. Parenting and family management	3
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School screenings	4
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	<b>6. Environmental</b>	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
<b>Pregnant women/teens</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22

	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Drop-outs	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1

	2. Education	
	4. Education programs for youth groups	18
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12

	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
<b>Economically disadvantaged</b>	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	8
	5. Mentors	4
	3. Alternatives	
	2. Youth/adult leadership activities	17
	6. Recreation activities	13
	4. Problem Identification and Referral	
	4. School screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring	

	enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
<b>Physically disabled</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School screenings	4
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
<b>Abuse victims</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School screenings	4
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
<b>Already using</b>	<b>1. Information Dissemination</b>	

<b>substances</b>		
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School screenings	4
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
<b>Homeless and/or runaway youth</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School screenings	4
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	13

**Footnotes:**

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	196	184	\$1,903	\$1,918	\$1,363
2. Free-Standing Residential	5451	4687	\$924	\$441	\$963
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	8019	6972	\$4,422	\$3,660	\$4,471
5. Long-term (over 30 days)	0	0	\$0	\$0	\$0
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	10853	10410	\$1,525	\$817	\$2,302
7. Intensive Outpatient	20479	18310	\$2,058	\$1,074	\$2,817
8. Detoxification	0	0	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	147	143	\$1,559	\$2,018	\$871
10. ORT Outpatient	1345	1228	\$2,484	\$1,619	\$3,065

**Footnotes:**

## IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons**

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1689	788	434	208	56	3	0	3	2	4	2	74	37	58	20	1070	525	68	26
2. 18 - 24	3735	1721	1304	320	132	3	2	6	3	3	3	96	57	60	25	2138	1494	71	32
3. 25 - 44	19389	8579	6685	2263	947	13	4	22	8	15	19	295	281	179	79	11110	7873	256	150
4. 45 - 64	7070	3381	1702	1331	441	1	0	4	5	11	4	86	47	51	6	4783	2186	82	19
5. 65 and Over	314	168	45	79	11	0	0	1	0	2	0	7	0	1	0	255	56	3	0
6. Total	32197	14637	10170	4201	1587	20	6	36	18	35	28	558	422	349	130	19356	12134	480	227
7. Pregnant Women	803		630		125		0		1		1		36		10		794		9
Number of persons served who were admitted in a period prior to the 12 month reporting period	9275																		
Number of persons served outside of the levels of care described on Table 10	13335																		

**Footnotes:**



## IV: Population and Services Reports

**Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States**

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

**Footnotes:**

Missouri is not an HIV designated state.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

#### Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

#### Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.

0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

#### Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

The Access to Recovery (ATR) IV grant supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all ATR policies and trainings. GPRA trainings and regional ATR trainings and meetings all reinforce consumer choice as a core aspect of ATR. Additionally, a free-choice statement is printed on every ATR voucher.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,051	1,048
Total number of clients with non-missing values on employment/student status [denominator]	4,309	4,309
Percent of clients employed or student (full-time and part-time)	24.4 %	24.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		2,617
Number of CY 2017 discharges submitted:		4,622
Number of CY 2017 discharges linked to an admission:		4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,495
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,309

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		0
Number of CY 2017 discharges submitted:		0
Number of CY 2017 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,824	2,028
Total number of clients with non-missing values on employment/student status [denominator]	3,465	3,465
Percent of clients employed or student (full-time and part-time)	52.6 %	58.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		3,723
Number of CY 2017 discharges submitted:		5,537
Number of CY 2017 discharges linked to an admission:		4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,991
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,465

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Intensive Outpatient (IO)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,682	2,864
Total number of clients with non-missing values on employment/student status [denominator]	7,941	7,941
Percent of clients employed or student (full-time and part-time)	33.8 %	36.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		7,964
Number of CY 2017 discharges submitted:		10,556
Number of CY 2017 discharges linked to an admission:		10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,285

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	7,941
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

**Footnotes:**

Missouri does not have long-term residential treatment. TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.

## V: Performance Indicators and Accomplishments

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	3,336	3,417
Total number of clients with non-missing values on living arrangements [denominator]	4,034	4,034
Percent of clients in stable living situation	82.7 %	84.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		2,617
Number of CY 2017 discharges submitted:		4,622
Number of CY 2017 discharges linked to an admission:		4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,495
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,034

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

### Long-term Residential(LR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		0
Number of CY 2017 discharges submitted:		0
Number of CY 2017 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	3,244	3,257
Total number of clients with non-missing values on living arrangements [denominator]	3,308	3,308
Percent of clients in stable living situation	98.1 %	98.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		3,723
Number of CY 2017 discharges submitted:		5,537
Number of CY 2017 discharges linked to an admission:		4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,991
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,308

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Intensive Outpatient (IO)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	7,041	7,053
Total number of clients with non-missing values on living arrangements [denominator]	7,457	7,457
Percent of clients in stable living situation	94.4 %	94.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		7,964
Number of CY 2017 discharges submitted:		10,556
Number of CY 2017 discharges linked to an admission:		10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,285

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	7,457
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

**Footnotes:**

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.



## V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,641	3,790
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,265	4,265
Percent of clients without arrests	85.4 %	88.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		2,617
Number of CY 2017 discharges submitted:		4,622
Number of CY 2017 discharges linked to an admission:		4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,531
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,265

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		0
Number of CY 2017 discharges submitted:		0
Number of CY 2017 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,346	3,264
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,469	3,469
Percent of clients without arrests	96.5 %	94.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		3,723
Number of CY 2017 discharges submitted:		5,537
Number of CY 2017 discharges linked to an admission:		4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,161
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,469

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Intensive Outpatient (IO)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	7,056	6,978
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	7,611	7,611
Percent of clients without arrests	92.7 %	91.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		7,964
Number of CY 2017 discharges submitted:		10,556
Number of CY 2017 discharges linked to an admission:		10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,600

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	7,611
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

**Footnotes:**

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.

## V: Performance Indicators and Accomplishments

**Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,097	3,242
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,445	4,445
Percent of clients abstinent from alcohol	69.7 %	72.9 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		305
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,348	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		22.6 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,937
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,097	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		2,617
Number of CY 2017 discharges submitted:		4,622
Number of CY 2017 discharges linked to an admission:		4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,531
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,445

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Long-term Residential(LR)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	0
Number of CY 2017 discharges submitted:	0
Number of CY 2017 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from alcohol [numerator]	3,539	3,321
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,999	3,999
Percent of clients abstinent from alcohol	88.5 %	83.0 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		253
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	460	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		55.0 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,068
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,539	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		3,723
Number of CY 2017 discharges submitted:		5,537
Number of CY 2017 discharges linked to an admission:		4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,161
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,999

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

#### Intensive Outpatient (IO)

##### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	7,270	7,268
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,191	9,191

Percent of clients abstinent from alcohol	79.1 %	79.1 %
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#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		739
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,921	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		38.5 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6,529
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,270	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.8 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	7,964
Number of CY 2017 discharges submitted:	10,556
Number of CY 2017 discharges linked to an admission:	10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,600
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	9,191

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

#### Footnotes:

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.

## V: Performance Indicators and Accomplishments

**Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	955	1,579
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,445	4,445
Percent of clients abstinent from drugs	21.5 %	35.5 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		812
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,490	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		23.3 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		767
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	955	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.3 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	2,617
Number of CY 2017 discharges submitted:	4,622
Number of CY 2017 discharges linked to an admission:	4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,531
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	4,445

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]



## Long-term Residential(LR)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	0
Number of CY 2017 discharges submitted:	0
Number of CY 2017 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from drugs [numerator]	3,197	2,601
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,999	3,999
Percent of clients abstinent from drugs	79.9 %	65.0 %

## B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		361
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	802	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		45.0 %

## C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,240
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,197	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.1 %

### Notes (for this level of care):

Number of CY 2017 admissions submitted:	3,723
Number of CY 2017 discharges submitted:	5,537
Number of CY 2017 discharges linked to an admission:	4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,161
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	3,999

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Intensive Outpatient (IO)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	4,590	4,667
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,191	9,191

Percent of clients abstinent from drugs	49.9 %	50.8 %
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#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,501
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	4,601	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.6 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		3,166
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	4,590	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		69.0 %

#### Notes (for this level of care):

Number of CY 2017 admissions submitted:	7,964
Number of CY 2017 discharges submitted:	10,556
Number of CY 2017 discharges linked to an admission:	10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,600
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	9,191

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

#### Footnotes:

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.

## V: Performance Indicators and Accomplishments

**Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)**

### Short-term Residential(SR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	639	1,383
Total number of clients with non-missing values on self-help attendance [denominator]	4,313	4,313
Percent of clients attending self-help programs	14.8 %	32.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	17.3 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		2,617
Number of CY 2017 discharges submitted:		4,622
Number of CY 2017 discharges linked to an admission:		4,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,531
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,313

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

### Long-term Residential(LR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:	0	
Number of CY 2017 discharges submitted:	0	

Number of CY 2017 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Outpatient (OP)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,047	1,029
Total number of clients with non-missing values on self-help attendance [denominator]	3,254	3,254
Percent of clients attending self-help programs	32.2 %	31.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.6 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		3,723
Number of CY 2017 discharges submitted:		5,537
Number of CY 2017 discharges linked to an admission:		4,480
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,161
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		3,254

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

## Intensive Outpatient (IO)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,769	1,839
Total number of clients with non-missing values on self-help attendance [denominator]	7,535	7,535
Percent of clients attending self-help programs	23.5 %	24.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.9 %	
Notes (for this level of care):		

Number of CY 2017 admissions submitted:	7,964
Number of CY 2017 discharges submitted:	10,556
Number of CY 2017 discharges linked to an admission:	10,018
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,600
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	7,535

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

**Footnotes:**

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.

## V: Performance Indicators and Accomplishments

**Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment**

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	3	2	2	4
2. Free-Standing Residential	4	2	2	3
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	27	12	20	30
5. Long-term (over 30 days)	0	0	0	0
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	125	49	92	164
7. Intensive Outpatient	100	25	66	134
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	15	4	4	4
10. ORT Outpatient	207	41	145	294

Level of Care	2017 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	126	21
2. Free-Standing Residential	3301	2948
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	4622	4614
5. Long-term (over 30 days)	0	0
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	5537	4177
7. Intensive Outpatient	10556	10018
8. Detoxification	0	0
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	224
10. ORT Outpatient	0	303

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 5/1/2018]

**Footnotes:**

TEDS data submitted through 5/1/2018 includes only the first half of CY 2017. Missouri is participating in the Certified Community Behavioral Health Clinic (CCBHC) Perspective Payment System Demonstration Grant which necessitated major changes to Missouri's billing system and affected Missouri's ability to extract TEDS data. Missouri requested and was granted an extension on the submission of FY 2018 data until August 2018 at which time Missouri did submit all records through FY 2018. The second half of CY 2017 data will be included in this table when this data is refreshed in February 2019.



## V: Performance Indicators and Accomplishments

**Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2015 - 2016	20.6	
	Age 21+ - CY 2015 - 2016	56.6	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	6.7	
	Age 18+ - CY 2015 - 2016	24.0	
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2015 - 2016	5.0	
	Age 18+ - CY 2015 - 2016	10.9	
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	5.8	
	Age 18+ - CY 2015 - 2016	8.0	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2015 - 2016	6.2	

	Age 18+ - CY 2015 - 2016	2.9	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
 [2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2015 - 2016	72.3	
	Age 21+ - CY 2015 - 2016	74.8	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	91.0	
	Age 18+ - CY 2015 - 2016	90.4	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	63.2	
	Age 18+ - CY 2015 - 2016	55.1	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2015 - 2016	14.6	
	Age 21+ - CY 2015 - 2016		
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	12.4	
	Age 18+ - CY 2015 - 2016	15.9	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	13.4	
	Age 18+ - CY 2015 - 2016	19.7	
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2015 - 2016	13.9	
	Age 18+ - CY 2015 - 2016	18.3	
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.  
 [2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	94.4	
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2015 - 2016	90.2	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	80.2	
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	79.6	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2015 - 2016		

### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016	38.2	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2015	92.3	

Footnotes:



V: Performance Indicators and Accomplishments

Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2016	31.9	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2016	27.7	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2015 - 2016	56.1	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2015 - 2016	90.5	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

### Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015 - 2016	85.3	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2016	12/31/2016
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2016	12/31/2016
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2015	9/30/2017

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used a manual data collection system.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through a manual collection process. Participants who were more than one race were reported either under a single race or "race not known or other" until September 2016. Starting in October 2016, Missouri added a subcategory for more than one race.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	405
5-11	12461
12-14	21194
15-17	23179
18-20	3653
21-24	3713
25-44	20960
45-64	10573
65 and over	45260
Age Not Known	251696
<b>Gender</b>	
Male	45752
Female	58110
Gender Unknown	289232
<b>Race</b>	
White	81182
Black or African American	12504
Native Hawaiian/Other Pacific Islander	587
Asian	460
American Indian/Alaska Native	2
More Than One Race (not OMB required)	396

Race Not Known or Other (not OMB required)	297963
<b>Ethnicity</b>	
Hispanic or Latino	4646
Not Hispanic or Latino	84699
Ethnicity Unknown	303749

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used a manual process data collection system.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collects and records a participant's race through a manual collection process. Participants who were more than one race were reported either under a single race or in "Race not known or other."

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	0
5-11	156585
12-14	232502
15-17	239133
18-20	237963
21-24	340728
25-44	1543906
45-64	1605519
65 and over	374831
Age Not Known	0
<b>Gender</b>	
Male	2349498
Female	2381669
Gender Unknown	0
<b>Race</b>	
White	3984999
Black or African American	595423
Native Hawaiian/Other Pacific Islander	0
Asian	116744
American Indian/Alaska Native	34001
More Than One Race (not OMB required)	



Race Not Known or Other (not OMB required)	
<b>Ethnicity</b>	
Hispanic or Latino	189888
Not Hispanic or Latino	4541279
Ethnicity Unknown	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

**Footnotes:**  
Missouri is opting out of this form.

## V: Performance Indicators and Accomplishments

**Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention**

**Definition of Evidence-Based Programs and Strategies:** The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a manual collection process utilizing monthly progress and fidelity reporting forms.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	367	382	749	115	0	864
2. Total number of Programs and Strategies Funded	367	382	749	115	0	864
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %		100.00 %

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies**

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 727	\$ 2029396.00
Universal Indirect	Total # 755	\$ 1066424.00
Selective	Total # 225	\$ 1779262.00
Indicated	Total # 	\$ 
	Total EBPs: 1707	Total Dollars Spent: \$4875082.00

**Footnotes:**

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2017 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: